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PTO/SB/81 (09-03)

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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	10/666 934
Filing Date	11/30/2002
First Named Inventor	Robert R. Pederson
Title	Bob's Border Helper
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:

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☒ Practitioner(s) named below:

Name	Registration Number
Mary A. Whiting	30,601

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## **SIGNATURE of Applicant or Assignee of Record**

Name James C. Cicconi, Sr.

Signature *James C. Cicconi, Sr.*

Date 10-14-03

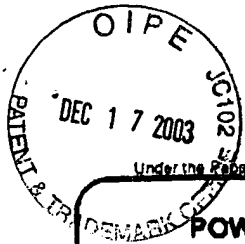
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## **SIGNATURE of Applicant or Assignee of Record**

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